

CHAPTER 1: DOWNLOADING THE BPT & PBP 2006 SOFTWARE FROM THE HPMS

IMPORTANT INFORMATION

Bid Submission 2006 and the Health Plan Management System

Medicare Advantage (MA) and PDP organizations will use the Health Plan Management System (HPMS) to electronically submit their Bids for Contract Year (CY) 2006. These instructions provide guidance on using the HPMS to download and install the PBP and BPT software. MAs and PDPs can download these instructions from the HPMS Bid Submission 2006 Start Page and the CMS web site at www.cms.hhs.gov.

Important Bid Submission Time Frames

Bid Submission Download Time Frame

The CY 2006 BPT and PBP will be available for download from the HPMS beginning on **April 11, 2005**. Once the BPT and PBP 2006 software become available, it is recommended that MAs and PDPs install the software as soon as possible to ensure that organizations have ample time to ask technical questions and complete data entry prior to the **June 6, 2005** data upload deadline.

The BPT/PBP Pre-Upload Validation Tool (BVT), used by MAs and PDPs to validate the BPT and PBP data prior to upload, will be available for download from the HPMS beginning on **May 20, 2005**.

Bid Submission Upload Time Frame

The HPMS Bid Submission 2006 upload functionality will be available beginning on **May 20, 2005**. MAs and PDPs will be able to upload 2006 Bid submissions through **June 6, 2005**. While the HPMS will continue to accept data uploads after June 6, 2005, CMS reserves the right to consider initial 2006 Bid Submission uploads received after this date as late submissions. CMS encourages MAs and PDPs to submit Bids as soon as possible after **May 20, 2005**.

Bid Submission 2006 Plan Type Requirements

MA and PDP plan types are displayed in the PBP 2006 based on the type of organization specified in HPMS. **Table 1** provides the HPMS plan types along with the following Bid Submission edit validation rules:

- 1) What plan types are associated with each organization (contract) type?

- 2) Is the plan type required to submit a PBP 2006?
- 3) Is the plan type required to generate a Summary of Benefits (SB)?
- 4) Is the plan type required to submit a BPT 2006?
- 5) Are the data submitted for this plan type required to go through the Bid Submission Desk Review process?
- 6) Will the data submitted for this plan type be displayed on Medicare Personal Plan Finder (MPPF)?
- 7) Can the plan type be designated as a Special Needs Plan (SNP)?
- 8) Can the plan type be designated as a Part D Payment Demo?
- 9) Can the plan type be designated as an Employer Group Health Plan (EGHP)?
- 10) Is the plan type allowed to segment?

Table 1

ORGANIZATION TYPE	PLAN TYPE	REQUIRES PBP	REQUIRES SB	REQUIRES BPT	WRITE-OFF TO DESK REVIEW	MPPF
CCP	HMO	Yes	Yes	Yes	Yes	Yes
	HMOPOS	Yes	Yes	Yes	Yes	Yes
	CCOTH	N/A	N/A	N/A	N/A	N/A
	Local PPO	Yes	Yes	Yes	Yes	Yes
	PSO (State License)	Yes	Yes	Yes	Yes	Yes
	PSO (Federal Waiver of State License)	Yes	Yes	Yes	Yes	Yes
MSA	MSA	N/A	N/A	N/A	N/A	N/A
RFB	RFB	N/A	N/A	N/A	N/A	N/A
PFFS	PFFS	Yes	Yes	Yes	Yes	Yes
Demo	SHMO	Yes	Yes	Yes	Yes	Yes
	Other	N/A	N/A	N/A	N/A	N/A
	Capitated Disease Management	N/A	N/A	N/A	N/A	N/A
	MN Disability Health Options	Yes	Yes	Yes	Yes	Yes
	MN Senior Health Options	Yes	Yes	Yes	Yes	Yes
	WI Partnership Program	Yes	Yes	Yes	Yes	Yes
	MA Health Senior Care Options	Yes	Yes	Yes	Yes	Yes
	Continuing Care Retirement Community	Yes	Yes	Yes	Yes	No
	ESRD I	Yes	Yes	No	Yes	Yes
	ESRD II	Yes	Yes	Yes ⁶	Yes	Yes

1876 Cost	1876 Cost	Yes ²	Yes ²	Yes ¹	Yes	Yes
HCPP	HCPP	N/A	N/A	N/A	N/A	N/A
National PACE	National PACE	Yes ⁴	N/A	Yes	Yes	N/A
Chronic Care	Chronic Care	N/A	N/A	N/A	N/A	N/A
Prescription Drug Plan (PDP)	Medicare Prescription Drug Plan	Yes	Yes	Yes	Yes	No
	Employer Sponsored PDP	Yes	No	Yes	Yes	No
Regional CCP	Regional PPO	Yes	Yes	Yes	Yes	Yes
Fallback	Fallback	Yes	Yes	Yes ⁵	Yes	Yes
ORGANIZATION TYPE	PLAN TYPE	SNP	PART D PAYMENT DEMO	SEGMENT	EGHP	
CCP	HMO	Yes	Yes	Yes	Yes	
	HMOPOS	Yes	Yes	Yes	Yes	
	CCOTH	N/A	N/A	N/A	N/A	
	PPO	Yes	Yes	Yes	Yes	
	PSO (State License)	Yes	Yes	Yes	Yes	
	PSO (Federal Waiver of State License)	Yes	Yes	Yes	Yes	
MSA	MSA	N/A	No	No	No	
RFB	RFB	N/A	No	No	No	
PFFS	PFFS	Yes	Yes ¹	Yes	Yes	
Demo						
	SHMO	Yes	Yes	Yes	Yes	
	Other	N/A	N/A	Yes	Yes	
	Capitated Disease Management	N/A	N/A	N/A	N/A	
	MN Disability Health Options	Yes	Yes	Yes	Yes	
	MN Senior Health Options	Yes	Yes	Yes	Yes	
	WI Partnership Program	Yes	Yes	Yes	Yes	
	MA Health Senior Care Options	Yes	Yes	Yes	Yes	
	Continuing Care Retirement Community	Yes	Yes	Yes	Yes	
	ESRD I	Yes	Yes	Yes	Yes	
	ESRD II	Yes	Yes	Yes	Yes	
1876 Cost	1876 Cost	Yes	Yes ¹	No	No	
HCPP – 1833 Cost	HCPP – 1833 Cost	N/A	No	No	No	
National PACE	National PACE	Yes	Yes	No	No	
Chronic Care	Chronic Care	N/A	N/A	No	No	
Prescription Drug Plan (PDP)	Medicare Prescription Drug Plan	No	Yes	No	Yes	
	Employer Sponsored PDP	No	Yes	No	Yes	
Regional CCP	Regional PPO	Yes	Yes	No	Yes	

Fallback	Fallback	No	No	No	No
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NOTE: If the SB column is "Yes" and the plan is designated as "Employer-Only," then the SB is not required.

NOTE: HPMS will assign a separate PD indicator flag to local and regional MA-PD plans as well as for other non-MA plans that offer Part D (e.g., 1876 cost).

¹ PFFS and 1876 cost plans may offer the Part D benefit, but it is not required. If an 1876 cost organization decides to offer the Part D benefit, then they must submit a PBP and BPT (Part D spreadsheet only) for the plan.

² A cost plan is only required to do the BPT (and only a Part D BPT) if they offer the Part D benefit (and then also do a Part D PBP). If they choose to do a "traditional" PBP (i.e., no Part D included), a BPT is not required.

³ Only 1876 Cost Plans that offer the Part D benefit and submit a PBP and BPT will be written off to MARX and SSA.

⁴ Although PACE plans are not required to complete a full PBP, they must complete Section A and upload it to HPMS.

⁵ Not all Fallback contracts have to complete the BPT.

⁶ An ESRD II Demo will not complete the MA BPT; they will complete the Part D BPT if the plan offers Part D benefits.

Those plan types that do not submit either a BPT or PBP will not be accepted by the HPMS for CY 2006. The HPMS will use the rules defined in **Table 1** to apply validation edits at upload.

Special Needs Plans (SNPs)

Local CCPs, 1876 Cost Plans, Demos, PFFS, Regional CCPs, and MSAs may designate SNPs under their contract. Multiple types of SNPs may be identified at the contract level, but only one type can be selected at the plan level. CMS will designate in the Contract Management Module of CMS if a SNP is for a dual eligible or institutional or both, if this is for all duals or a subset, and if it is an exclusive or disproportionate percentage plan.

MA Special Needs Plans must offer Part D Prescription Drug coverage. Effective January 2006, only MA-PD plans will be allowed to continue or apply for a Medicare contract as a SNP. An MA SNP offering Part D Prescription Drug coverage cannot count as the MA organization's required MA-PD plan for that service area since its enrollment is limited. SNPs operational on December 31, 2005 will deem their members enrolled into the MA-PD effective January 1, 2006.

Part D Payment Demonstration Plans

As of CY 2006, Local and Regional CCPs, PFFS, 1876 Cost and PDPs can designate part D Payment demonstration plans under their contract. Organizations wanting to participate in the Part D Payment demo program must apply to CMS by submitting specific information in a cover letter that accompanies their application. Organizations approved to participate in the Part D Payment demo program will indicate which plans are in this program and which option the plan has selected. The same coverage rules apply to the Part D Payment demo plans.

HPMS Service Area Designation

Prior to downloading the BPT and PBP 2006 software, a service area must be designated for each plan that will be offered by a MA or PDP (or Contract Number). The master list of regions and counties available for individual plan-level service area designation is based on the approved contract-level service area for your Contract Number as well as any pending service area expansion counties. All regions and counties in your approved contracted service area must be assigned to at least one plan.

Beginning in CY 2003, MAs were able to create employer-only plans. If you wish to add an employer-only plan, the counties or regions available for plan-level service area designation will be based on both the counties or regions that comprise your contract-level service area and any employer-only counties or regions that you have identified to CMS. Employer-only counties and regions will be denoted by “[Emp-only]”. If you wish to offer an employer-only plan in a county or region that does not appear in the list of counties or regions for your Contract Number, please contact your CMS Central Office Plan Manager no later than 30 days in advance of uploading the plan. These counties or regions will need to be added by CMS prior to becoming available in HPMS for plan-level designation.

Prior to CY 2006, plans were defined at the county level. With the implementation of MA Regions and PDP Regions, the service area for a plan is no longer necessarily defined at the county level. MA Regional Plans will be defined at the MA Region level. PDPs will be defined at the PDP Region level. MA Regional plans can assign only one region per plan; however, MA Regional employer only plans can have more than one region in their service area. Individual plans for PDPs can contain only one region per plan, but employer-only plans for PDPs can cover multiple regions.

Local MAs and MA-PDs will be defined at the county level and can be segmented; however, single county service areas and partial counties cannot be segmented. Each segment must contain mutually exclusive counties; no overlapping of counties will be permitted. The segment service areas must add up to the plan service area. Note that benefits must be the same across segments; however, enrollee cost shares and premium amounts may differ. If a plan chooses to establish segments, at least two segments must be created, and a separate bid must be submitted for each plan segment.

MAs and PDPs will access the Bid Submission 2006 download interface in HPMS, designate the number of plans your organization is proposing for CY 2006, and designate the region or counties (or partial counties) for those plans. After downloading this plan-specific information, the PBP 2006 software will then contain the service area information for each plan consistent with what was identified in HPMS using the Set-up Plans function.

Assignment of Plan/Segment IDs

PBP 2006 Plan/Segment IDs

Where applicable, CY 2005 plan information (Plan IDs and county allocations) will serve as the starting point for MAs as they define what they want to offer in CY 2006. The updated 2006 plan information will then be populated to the PBP as part of the Download Plan-Specific Information function of the HPMS. When the MA user downloads their Plan-Specific Information, the PBP will contain the contract/plan information as it stands when the user decided to download.

MA users will only be able to change the plan information for CY 2006 by making adjustments through the Set-up Plans function of the HPMS. This function will allow the user to adjust the service area associated with an existing plan or to delete an existing plan. It will also allow the user to add new CY 2006 plans that were not part of the CY 2005 plan database.

Use of Plan and Segment IDs

Plan IDs are used for both internal CMS purposes and external display purposes. Segment IDs are only used for internal CMS purposes, they are not displayed externally to the user community. Plan and Segment IDs are necessary because they establish a logical naming and storage convention for the HPMS database repository. In addition, the unique Plan and Segment IDs will be used for HPMS reports that are generated for internal CMS staff conducting analysis and review of plan marketing materials. Plan IDs will also be used to differentiate plans within an MA and PDP when displaying the Medicare Personal Plan Finder data on the www.medicare.gov.

HPMS assigns a three-digit plan ID (e.g., 001, 002); however, employer only plans use the 800 series for plan IDs. HPMS assigns a segment ID (e.g., 1, 2, up to 999). Once a plan or segment is deleted, the plan ID or segment ID number is retired permanently and cannot be reused.

DOWNLOAD INSTRUCTIONS

The Bid Submission download function is comprised of four main components. MAs and PDPs are required to complete each component in order to download the BPT and PBP 2006 software successfully. These components include the following: (1) the download and installation of the PBP data entry software; (2) the creation and editing of plan-specific information; (3) the creation and editing of general organization and contact information; and (4) the download of the plan-specific information to the PBP and BPT software.

PBP Software Download and Installation

This download contains only the PBP software, not any plan-specific information. Because the PBP software is approximately 18 MB, it is strongly recommended that only one user within an organization perform this download and then distribute the software locally to other users within the organization.

NOTE: If you have installed a previous version of the PBP 2006 software, such as the Beta version, you must completely uninstall the previous version prior to installing the current version. For instructions on uninstalling the PBP software, click on Uninstallation Instructions, or refer to the Uninstallation Instructions in Chapter 8 of this manual.

PBP Download

To download the PBP software, MAs and PDPs must follow these steps:

Step 1: Log onto the HPMS.

Step 2: On the HPMS home page, select **Plan Bids** and then select **Bid Submission** from the fly out menu.

Step 3: On the Bid Submission page, select **Contract Year 2006**.

Step 4: On the Bid 2006 Start Page, click on Step 1: Download the PBP Data Entry Software, or, under Download, select **PBP Data Entry Software**.

Step 5: On the Download PBP Data Entry Software page, it is highly recommended that MAs and PDPs read the instructions before initiating the download process. After reviewing the instructions, click on the **Download** button.

Step 6: The PBP setup module is named **SETUPBP2006.EXE**. Do not change this default file name. When prompted, select a temporary directory (e.g., C:\temp) and save the file.

NOTE: The download file is quite large and may require a significant amount of time to download. For a 56K modem, the download should be completed in about one hour. To minimize any inconvenience, it is recommended that the download be performed during “off-peak” office hours. If this is not possible, you can still use your computer for other activities while the download is being performed. Some users, however, may experience a small degradation in the PC's performance. In addition, you may want to record this directory and file name as a reminder before proceeding to the next step.

Step 7: Once the download is complete, click on the **Back** button to return to the Bid 2006 Start Page.

NOTE: The PBP installation instructions are described in Chapter 2 of this manual, and the un-installation instructions are described in Chapter 8. Please note that you must install the PBP software before you can download your plan-specific information.

Manage Plans

This component enables MAs and PDPs to edit their plan-specific information by modifying existing plans, adding new plans, and deleting plans. There are five subfunctions available:

- Set-up Plans;
- Edit Marketing Data;
- Edit Contact Data;
- Edit Co-Brand Data; and
- Download Plan-Specific Information.

NOTE: Beginning with CY 2003, MAs were able to create employer-only plans. All other plan types, with the exception of 1876 Cost, may also create employer-only plans. In CY 2006, Employer-Directed PDPs will only be able to create Employer-only plans. See Step 10 below for instructions on creating an employer-only plan. Employer-only counties will be denoted by “[Emp-only]” and are only available to employer-only plans. Employer-only plans may contain both employer-only counties and regular contract-level service area counties.

Set-up Plans

Step 1: On the Bid 2006 Start Page, select **Manage Plans**.

Step 2: On the Bid 2006 Start page under Manage Plans, select **Set-up Plans**. You will now be on the Set-up Plan Information page.

Step 3: From the list provided, highlight a Contract Number assigned to your HITS ID for which you wish to designate plans.

NOTE: If a Contract Number for which you are responsible does not appear on your assigned Contract Number list, please contact Neetu Jhagwani (410-786-2548 or NJhagwani@cms.hhs.gov) or Don Freeburger (410-786-4586 or DFreeburger@cms.hhs.gov).

Step 4: Select the **Next** button to go to the **Create/Select a Plan** page.

NOTE: The Create/Select a Plan page contains a list of all plans that were assigned to your Contract Number and submitted for CY 2005. For each plan, the user who was the owner of that plan in CY 2005 is shown in parentheses.

Step 5: To assume ownership of a plan for CY 2006, highlight the plan in the **Select a Plan** list, select the **Edit/View an Existing Plan's Service Area** option in the **Select an Action** list box, and select the Next button. You will now be on the **Accept Plan Ownership** page. This page displays the current owner of the plan along with other plan information. On the **Accept Plan Ownership** page, you

will be asked if you want to reassign the plan to your User ID. Once the plan has been reassigned to you, you become the owner of the plan and other users will only be able to view the service area information for the plan. Select the **Next** button to assume ownership of the selected plan.

NOTE: The reassignment of a plan from one user to another only occurs the first time the user elects to access the Edit/View an Existing Plan's Service Area option. In addition, the reassignment of a plan from one user to another may be done only once for each plan.

Step 6: Once the plan has been assigned to you, you will be asked to edit the service area for that plan. The **Edit Plan Service Area** page contains the list of counties or regions currently allocated to that plan. To change the service area for that plan, you may keep, add, or remove counties or regions based on the service area available for that Contract Number in the box on the left side of the page.

You may **add** counties or regions to the Plan Service Areas column as follows:

- Highlight one county or region at a time and click on **Add** after each county or region is selected.
- Highlight multiple counties or regions at one time by holding the control <Ctrl> key down while simultaneously highlighting (selecting) the counties or regions in the list that apply. After all appropriate counties are highlighted, release the <Ctrl> key and click on **Add**.
- Click on the **Add All** button to add all the counties or regions available for that Contract Number.

Likewise, you may **remove** counties or regions from the Plan Service Areas column as follows:

- Highlight one county or region at a time and click on **Remove** after each county or region is selected.
- Highlight multiple counties or regions at one time by holding the control <Ctrl> key down while simultaneously highlighting (selecting) the counties or regions in the list that apply. After all appropriate counties or regions are highlighted, release the <Ctrl> key and click on **Remove**.
- Click on the **Remove All** button to remove all the counties or regions available for that Contract Number.

NOTE: Partial counties are denoted with an asterisk, pending service area expansion counties and regions are denoted by [pending], and employer-only counties and regions are denoted by [Emp-only].

Step 7: Select a Plan Type from the available list. The list of plan types that is displayed is based on the plan types associated with your contract type as designated in HPMS.

Step 8: Enter or confirm the Plan Name, the Spanish Plan Name (if applicable), and the Plan Geographic Name for this plan. The HPMS provides CMS guidance on defining the Plan Geographic Name.

You may also have to indicate if this is a Part D plan, if this plan offers a Medicare-Approved Drug Discount Card, if this is a special needs plan (and if so, its' type), and if this is a segmented plan. If you indicate Yes (this is a segmented plan), then see Step 8a below; if you indicate No (this is NOT a segmented plan), then go to Step 9.

Step 8a: If you are a Local MA and are segmenting your service area, you will be taken to the **Create/Select a Segment for Plan #** page. Highlight a segment from the Select a Segment list box. There are three actions available in the Select an Action list box - you may Add a new Segment, Delete a Segment, and Edit/View an Existing Segment's Service Area.

If you want to add a new segment, highlight **Add a New Segment** and click on the **Next** button. You will receive a pop-up message asking you to confirm that you want to add a new segment. Click on OK to go to the **Edit Segment Service Area** page. For your reference, you will see all the counties in the plan's service area in the Complete Service Area for Plan # list box. You will also see the counties that have not yet been assigned to a segment in the Plan Service Area Available for Segment list box. Follow the instructions above in Step 5 to edit the plan's service area. You must also enter the Segment Geographic Name. The HPMS provides CMS guidance on defining the Segment Geographic Name.

Once you have completed defining all your segments, click on the **Back** button to return to the **Create/Select a Plan** page.

Step 9: Select **Next** to complete defining that plan. You will be taken back to the **Create/Select a Plan** page.

Step 10: To edit a plan's Service Area, change the Plan Type (e.g., HMO and HMOPOS), and/or rename the Plan Name, the Spanish Plan Name, and Plan Geographic Name, highlight the plan on the **Create/Select a Plan** page and select **Edit/View an Existing Plan's Service Area** option in the **Select an Action** list box.

Step 11: To add a plan, on the **Create/Select a Plan** page, select the **Add a New Plan** option in the **Select an Action** list box and click on **Next** to go to the **Edit Plan Service Area** page.

To add an employer-only plan, on the **Create/Select a Plan** page, select the **Add a New Employer-Only Plan** option in the **Select an Action** list box and click on **Next** to go to the **Edit Plan Service Area** page.

Step 12: On the **Edit Plan Service Area** page, follow the instructions above in Step 6 to edit the plan's service area.

Step 13: To delete a plan, on the **Create/Select a Plan** page, highlight a plan from the Select a Plan list and select the **Delete a Plan** option in the **Select an Action** list box and click on **Next**. You will receive a message asking you to confirm that you want to delete the highlighted plan. Click **OK** to delete the plan.

NOTE: You may not delete a plan that you do not own.

Repeat the steps above for all plans that you are designating under your assigned Contract Number.

Edit Marketing Data

For CY 2006, all of the data maintained in the plan marketing component will be pre-populated with existing CY 2005 data (where applicable). Prior to 2006, this plan marketing information was maintained in the plan information component of the General MCO Information Module. Users will be asked to confirm or change their Plan Name, Plan Geographic Name, and Spanish Plan Name. The HPMS provides CMS guidance on defining the Plan Geographic Name. In addition, users must enter the number of physicians in the plan network using pre-defined ranges (applies to local and regional MA plans only). Customer service days and hours must also be entered. Segment Geographic Names, if applicable, can also be edited on the plan marketing page.

The major purpose of the edit plan marketing data component is to collect information for Medicare Personal Plan Finder on www.medicare.gov and the *Medicare & You Handbook*. These data can be accessed and updated throughout the contract year.

To edit plan marketing information, MAs and PDPs must follow these steps:

Step 1: On the Bid 2006 Start Page under Manage Plans, select **Edit Marketing Data**.

Step 2: On the Edit Plan Marketing Information Select a Contract Number Page, highlight a Contract Number and select the **Next** button.

Step 3: On the Update Plan Marketing Data page, you will see the Legal Entity name and the plans created under that entity. Enter or confirm the Plan Name, Spanish Plan Name, Plan Geographic Name, and provide responses to the number of physicians in the network and the customer service hours. This information must be completed for each plan in the entity. When you are finished, click on the **Submit** button.

Step 4: The marketing data entered for each plan will be displayed. You may return to data entry to correct any information, or click on **Submit** to confirm the data.

NOTE: You may copy the customer service hours from one plan to another plan. Select the plan that you want to copy from and select the **Copy Hours** button. Then select the plan that you want to copy to and select the **Paste Hours** button. If you want to copy the customer service hours from one plan to all other plans, select the plan that you want to copy from and select the **Copy Hours and Paste to All Plans** button.

Repeat the steps above for each of your assigned Contract Number and Plan ID combinations.

Edit Plan Contact Information

Contact information data will be pre-populated with existing CY 2005 data, where applicable. Users should confirm this data to ensure that it is accurate and current. Several new roles have been added for CY 2006. Contact information for these roles will have to be completed.

The following is a list of roles collected at the plan level for CY 2006. For each plan defined in HPMS, the following contact data must be provided:

- Bid Actuary Contact
- Bid PBP Contact
- Certifying Actuary – MA Bid
- Certifying Actuary – Part D Bid (if the plan is a Part D plan)
- Customer Service Contact for Prospective Members
- Customer Service Contact for Current Members
- Customer Service Contact for Prospective Members - Part D (if the plan is a Part D plan)
- Customer Service Contact for Current Members – Part D (if the plan is a Part D plan)

NOTE: Users will be prohibited from downloading their plan-specific information until all required organization, plan, and contact information has been completed.

The following data will be collected by the contact information component for CY 2006 (note that some fields will be required or optional depending on the specific contact):

- 11) Prefix (Mr., Mrs., Miss, Ms., Dr.)
- 12) First Name
- 13) Middle Initial
- 14) Last Name
- 15) Title
- 16) Street Address 1
- 17) Street Address 2
- 18) City, State, Zip Code
- 19) Toll Free Phone Number
- 20) Local Phone Number

- 21) TTY Local Phone Number
- 22) TTY Toll Free Phone Number
- 23) Fax Number
- 24) E-mail Address

To edit contact information, MAs and PDPs must follow these steps:

Step 1: On the Bid 2006 Start Page under Manage Plans, select **Edit Contact Data**.

Step 2: On the Edit Plan Contact Information Select a Contract Number Page, highlight a Contract Number and select the **Next** button.

Step 3: On the Update Plan Contact Data page, highlight a plan, and then highlight a contact in the **Enter Contact data for:** list box.

Step 4: Enter the contact name, mailing address and telephone numbers for that contact, if applicable.

NOTE: The contact information entered for a field may be copied from one plan to another plan by first highlighting the contact for a selected plan, clicking on the **Copy Contact** button, then selecting another plan, highlighting the contact, and clicking on the **Paste to Contact** button. You can also highlight a contact and click on **Copy and Paste to All Plans**, if applicable.

Step 5: Once you have completed all the required contact information, click on the **Submit** button. You will then see all the contact information displayed, by plan, on the Confirm Plan Contact Information page. You may either return to data entry to correct any information or click on **Submit** to continue.

Edit Co-Brand Data

For each plan defined in HPMS, you have the option to define co-brand partners. CMS enhanced the HPMS to collect plan-level co-brand partners as a result of experiences with the Medicare-approved drug discount card program.

To edit plan co-brand partner information, MAs and PDPs must follow these steps:

Step 1: On the Bid 2006 Start Page under Manage Plans, select **Edit Co-Brand Data**.

Step 2: On the Edit Plan Co-brand Partner Information Select a Contract Number page, highlight a Contract Number and select the **Next** button.

Step 3: On the Update Plan Co-brand Data page, highlight a plan and click on the **Add** button next to Co-Brand Partners. This will create a row for Co-Brand Partner 1 in the partners box, and it will also pop-up a field where you enter the Co-

Brand Partner Name. You may continue to Add or Drop partners for each plan within that contract number.

Step 4: Once you have completed entering all the Co-Brand partner data, click on the **Submit** button. You will then go to the Confirm Co-Brand Data page to review the Co-Brand data for each plan. You may either return to data entry to correct any information or click on **Submit** to continue.

Edit Organization and Contact Information

You must ensure that all organization-level data entry is complete in the HPMS Contract Management Module prior to downloading your plan-specific information. For CY 2006, all of the data maintained in the organization information component will be pre-populated with existing CY 2005 data, where applicable. MA users will be required to confirm this information as well as provide new required information. There are three sets of data in this module that are required prior to download of plan-specific information:



- General Information
 - Basic Contract Data
 - Organization Marketing Data
- Part D Information
 - Basic Part D Data
 - Part D Other Data
- Contact Information

To edit/enter organization information, MAs and PDPs must follow these steps:

Step 1: On the HPMS Home page, select **Contract Management**.

Step 2: On the Contract Management Start Page, click on **Select Contract Number**.

Step 3: On the Select a Contract Number page, either enter a contract number or highlight a Contract Number from the list provided and select the **Next** button.

Step 4: Sections showing a green checkmark  indicate that all required information has been completed. Sections showing a red  indicate that the required information is incomplete.

Step 5: On the Contract Management Start Page, under General Information, select **Basic Contract Data**. The Update Basic Contract Data page will display the following information:

- Type of Organization
- Type of Plan Offered
- New Payment Bill Option/Demo Type Code

- Is this organization offering Part D
- Legal Entity Name

The following fields may be edited and data entry must be completed:

- Tax Status
- Location
- Corporate Form
- Trade Name
- Legal Entity Address
- City, State, Zip Code

Once data entry is complete, click on the **Submit** button. On the Confirm Basic Contract Data page, you may either return to data entry to correct any information or click on **Submit** to continue.

Step 6: On the Contract Management Start Page, under General Information, select **Organization Marketing Data**.

The following fields may be edited and data entry must be completed:

- Organization Marketing Name
- Organization Geographic Name
- Organization Website Address
- If applicable, Do you have a website that lists the physicians who are part of your network
- If applicable, Do you have a website that lists the physicians who are currently accepting new patients
- Enter the URL for this website

Once data entry is complete, click on the **Submit** button. On the Confirm Organization Marketing Data page, you may either return to data entry to correct any information or click on **Submit** to continue.

Step 7: On the Contract Management Start Page, click on **Contact Information**. The Contact Information includes the following fields (* Required Contacts are marked with an asterisk):

* Corporate Mailing
* Chief Executive Officer
* Chief Financial Officer
* Medicare Compliance Officer
* ACRP Primary Contact
* ACR Audit Contact

ACR Audit Site Contact
* Enrollment Contact
* Medicare Coordinator
* System Contact
* Customer Service Operations Contact
* General Contact
* Appeals/Grievances Contact
* Quality Contact
Physician Incentive Contact
* User Access Contact
* Backup User Access Contact
* ACR Contact
* PBP Contact
* Marketing Contact
* Application Contact
* Medical Director
* Utilization Review Contact
* Utilization Management Contact
* Bid Primary Contact
* Bid Audit Contact
Bid Audit Site Contact
* Payment Contact
* Pharmacy Benefit Manager Contact 1
Pharmacy Benefit Manager Contact 2
Pharmacy Benefit Manager Contact 3
Pharmacy Benefit Manager Contact 4
Pharmacy Benefit Manager Contact 5
Pharmacy Benefit Manager Contact 6
Pharmacy Benefit Manager Contact 7
Pharmacy Benefit Manager Contact 8
Pharmacy Benefit Manager Contact 9
Pharmacy Benefit Manager Contact 10
* Claims Submission Contact
* Formulary Contact
* Pharmacy Network Management Contact

* Medication Therapy Management Contact
* Patient Safety Contact
* Part D Benefits Contact
* Part D Quality Assurance Contact
* Part D Application Contact
* Pharmacy Director
* HIPAA Security Officer
* HIPAA Privacy Officer
* Part D Price File Contact (Primary)
* Part D Price File Contact (Back-up)
Part D Price File Contact (Optional)

To enter/update the contact information, click on the contact field. On the Update Contact Data page, you will see the Enter Contact Data for: list box. Highlight a contact and enter/update the appropriate name, mailing, telephone, and employer information, if applicable.

NOTE: The information entered for a contact may be copied from one contact to another contact. Enter the fields for the selected contact, click on the **Copy** button, select another contact, and clicking on the **Paste** button. Note that some contacts may contain additional fields.

Step 8: Repeat as necessary for each of your assigned Contract Numbers.

Download Plan-Specific Information

The download of plan-specific information comprises the final component of the Bid Submission 2006 download process. This final download component populates the PBP 2006 software with the edited plan/service area information provided in the previous components.

Step 1: On the Bid 2006 Start Page under Manage Plans, select **Download Plan-Specific Information**.

NOTE: On the **Download Plan-Specific Information** page, you may see one or more messages for incomplete information (e.g., incomplete organization, plan, and/or contact information). The messages will provide instructions as to how to complete the missing information.

Step 2: Click on the **Download** button to begin downloading your plan-specific information. Before you proceed with the download, you will be shown a reminder to review your contact information seeded from CY 2005 and a

warning that the download may take a long time to process depending upon the number of plans that you are attempting to download. If you have already reviewed your contact information, select **OK** to continue the download.

Step 3: The name of the BPT/PBP 2006 setup file that you will be saving to disk is called **UPDATPBP2006.ZIP**. When prompted, save the **UPDATPBP2006.ZIP** file. You must select the same directory where you previously installed your PBP data entry software. Do not change the default file name **UPDATPBP2006.ZIP**. In the **Save as** dialog box, designate the same directory and click **OK**.

Step 4: Upon opening the PBP for the first time following the download of your organization's plan-specific information, the PBP software will generate a BPT spreadsheet for each plan (or segment) you have defined.

If you have completed all of the above components of the BPT/PBP 2006 download, then you are ready to begin using the PBP data entry software. Upon entering the PBP Management Screen, you should verify that your plan and service area information is accurate before proceeding with data entry. If your plan and service area information is not accurate, see the section "Set-up Plans" earlier in this chapter for the steps required to update your plan and service area information.

NOTE: While the PBP will pre-populate portions of the BPT during the initial file creation, it will not update these portions in the BPT if they are subsequently updated in HPMS and PBP. Rather, these portions in the BPT will have to be updated manually.

